

S U M M A R Y O F

ADVERSE SIDE EFFECTS OF
ARTIFICIAL CONTRACEPTION,
STERILIZATION, ABORTION, AND
SEXUALLY TRANSMITTED DISEASES

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THE PILL

DEFINITION:

THE TWO KINDS OF BIRTH CONTROL PILLS ARE:

"COMBINED PILL" WHICH CONTAINS TWO FEMALE HORMONES, ESTROGEN AND PROGESTIN, AND IS TAKEN 21 DAYS OUT OF EACH MONTH;

"MINI-PILL" WHICH CONTAINS PROGESTIN ONLY AND IS TAKEN CONTINUOUSLY.

BOTH TYPES OF THE PILL CAUSE ALTERATIONS IN THE ENDOMETRIUM SO THAT THE UTERUS IS NOT RECEPTIVE TO A FERTILIZED EGG; i.e. THEY POTENTIALLY ACT AS AN

ABORTIFACIENT.

MODE OF ACTION:

1. SUPPRESS OVULATION (ESSENTIALLY ACTION OF ESTROGENS)
2. THICKEN MUCUS MAKING IT IMPENETRABLE FOR SPERM (ESSENTIAL ACTION OF PROGESTINS)
3. ALTER ENDOMETRIUM SO UTERUS IS NOT RECEPTIVE TO IMPLANTATION SHOULD FERTILIZATION TAKE PLACE.

POTENTIAL SIDE EFFECTS:

- GREATER RISK OF STROKE
- POSSIBLE LINK WITH CANCER OF REPRODUCTIVE ORGANS
- BLOOD CLOTTING (THROMBO-PHLEBITIS OR PULMONARY EMBOLISMS)
- INCREASED RISK OF HEART ATTACK
- ELEVATED BLOOD PRESSURE
- INCREASED RISK OF GALLBLADDER DISEASE
- INCREASED DANGER OF DEVELOPMENT OF LIVER TUMORS
- ECTOPIC PREGNANCY
- DIFFICULTY IN CONCEIVING AFTER DISCONTINUING THE PILL
- RESIDUAL RISK OF HEART ATTACK, EVEN AFTER DISCONTINUATION OF

LONG-TERM USE

POTENTIAL SIDE EFFECTS - CONTINUED:

- REDUCED BLOOD LEVELS OF ESSENTIAL VITAMINS
- DEVELOPMENT OF DEPRESSIVE PERSONALITY CHANGES

MORE THAN THIRTY KNOWN SIDE-EFFECTS HAVE BEEN DOCUMENTED IN MEDICAL JOURNALS AND ADVISORIES OF GOVERNMENT HEALTH ORGANIZATIONS; THOSE LISTED HERE REPRESENT ONLY THE MOST FREQUENTLY OCCURRING AND/OR MOST SERIOUS.

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INTRAUTERINE DEVICE (IUD)

DEFINITION:

A PLASTIC DEVICE PLACED IN THE UTERUS THROUGH THE CERVICAL CANAL; MAY CONTAIN TRACE METALS OR HORMONES TO INCREASE CONTRACEPTIVE EFFICACY.

ALTHOUGH IT IS NOT COMPLETELY UNDERSTOOD HOW IT PREVENTS PREGNANCY, IT SEEMS TO CREATE A CHRONIC INFLAMMATION OF THE ENDOMETRIUM WHICH PREVENTS IMPLANTATION OF A FERTILIZED EGG; i.e. IT IS AN ABORTIFACIENT.

POTENTIAL SIDE EFFECTS:

- OCCASIONAL PERFORATION OF UTERUS OR CERVIX REQUIRING SURGERY
- INCREASED RISK OF MISCARRIAGE (SPONTANEOUS ABORTION)
- ECTOPIC (EXTRAUTERINE) PREGNANCIES INCREASED 10 TIMES ABOVE USUAL

INCIDENCE IN WOMEN

- PELVIC INFECTIONS WHICH MAY CAUSE INFERTILITY
- ANEMIA DUE TO EXCESSIVE MENSTRUAL BLEEDING
- EMBEDMENT, MIGRATION OR FRAGMENTATION OF THE IUD
- SPOTTING OR PROLONGATION OF MENSTRUAL FLOW
- PRESENCE OF ACTINOMYCES IN PAPSMEARS OF 90% OF WOMEN USING

IUD'S. INFECTION OF REPRODUCTIVE ORGANS BY ACTINOMYCES IS RARE,
BUT TYPICALLY FOUND IN LONG TERM USERS OF IUD'S.

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S P E R M I C I D E S

DEFINITION:

SPERMICIDES ARE AVAILABLE IN NUMEROUS FORMS - INCLUDING CREAMS, JELLIES, SUPPOSITORIES, AEROSOL FOAM AND FOAM TABLETS. THEY FORM A CHEMICAL BARRIER AT THE OPENING OF THE UTERUS THAT PREVENTS SPERM FROM REACHING AN EGG IN THE UTERUS. THEY MAY ALSO DESTROY OR DAMAGE SPERM.

POTENTIAL SIDE EFFECTS:

- EVIDENCE OF GREATER INCIDENCE OF CONGENITAL DISORDERS IN CHILDREN
CONCEIVED DURING USE OF SPERMICIDES
 - DOWN'S SYNDROME
 - LIMB REDUCTION MALFORMATIONS
 - MALIGNANT NEOPLASMS
 - SEVERE HYPOSPADIAS
- IT INCREASES THE CHANCES OF VAGINAL INFECTIONS BY ALTERING THE NORMAL
CHEMICAL ENVIRONMENT OF THE VAGINA DUE TO THE ABSORPTION OF THE
SPERMICIDES.

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- HERSHEL, J., et. al., JOURNAL OF AMERICAN MEDICAL ASSOCIATION, APRIL 3, 1981.
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DIAPHRAGM

DEFINITION:

A DIAPHRAGM IS A FLEXIBLE METAL RING COVERED WITH RUBBER IN THE SHAPE OF A SHALLOW DOME. IT IS PLACED IN THE VAGINA SO AS TO COMPLETELY ENCIRCLE THE CERVIX, THEREBY PREVENTING SPERM FROM ENTERING THE UTERUS. IT IS USUALLY USED WITH A SPERMICIDAL OR SPERM-KILLING JELLY OR CREAM APPLIED TO THE SIDE OF THE DOME FACING THE CERVIX.

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POTENTIAL SIDE EFFECTS:

- EVIDENCE OF TOXIC SHOCK SYNDROME HAS BEEN LINKED TO DIAPHRAGM USE.
TOXIC SHOCK SYNDROME, A RARE, SOMETIMES FATAL ILLNESS- USUALLY ASSOCIATED WITH TAMPON USE - HAS BEEN LINKED TO THE USE OF DIAPHRAGMS IN SOME WOMEN, AS REPORTED BY THE NEW ENGLAND JOURNAL OF MEDICINE. TOXIC SHOCK FIRST CAME TO NATIONAL ATTENTION MORE THAN A YEAR AGO WHEN IT WAS CONTRACTED BY A NUMBER OF MENSTRUATING WOMEN WHO CONSISTENTLY USED VAGINAL TAMPONS.

REFERENCES:

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- SHANDS, K., SCHMID, G., DAN, B., et al., "TOXIC-SHOCK SYNDROME IN WOMEN: ASSOCIATION WITH TAMPON USE AND STAPHYLOCOCCUS AUREUS AND CLINICAL FEATURES IN 52 CASES", NEW ENGLAND JOURNAL OF MEDICINE, 303:1436-42, 1980.

STERILIZATION (FEMALE)

DEFINITION:

STERILIZATION IS A MORE OR LESS IRREVERSIBLE SURGICAL TECHNIQUE FOR PREVENTING CONCEPTION.

TUBAL LIGATION IS THE SEALING OFF OF THE FALLOPIAN TUBES WHICH PREVENTS PASSAGE OF EGGS BETWEEN OVARIES AND UTERUS
HYSTERECTOMY IS THE REMOVAL OF THE UTERUS

POTENTIAL SIDE EFFECTS:

- SEVERE BLEEDING
- PELVIC INFECTION
- ECTOPIC PREGNANCY
- DEATH DUE TO ANESTHESIA, PERFORATION OF AORTA, BOWEL BURNS
- POST-OPERATIVE DEPRESSION
- SEXUAL DYSFUNCTION
- RISK OF LATER DESIRE FOR STERILIZATION REVERSAL

WOMEN WHO HAVE HAD TUBAL LIGATIONS ARE REPORTING MORE CRAMPING THAN THEY WERE ACCUSTOMED TO PREVIOUSLY, AND THE CHANCES OF PREGNANCY AFTER A TUBAL LIGATION ARE BETWEEN 2 - 5%.

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S T E R I L I Z A T I O N (M A L E)

DEFINITION:

VASECTOMY IS THE VIRTUALLY IRREVERSIBLE OPERATION FOR MALE STERILIZATION.

IT INVOLVES THE REMOVAL OF A PIECE OF BOTH RIGHT AND LEFT VAS DEFERENS
(TUBES THROUGH WHICH SPERM FROM TESTES TRAVEL TO THE PROSTATE) AND THE ENDS
ARE TIED OFF.

MAY NOT BE EFFECTIVE FOR UP TO THREE MONTHS BECAUSE OF RESIDUAL SPERM CELLS.

POTENTIAL SIDE EFFECTS:

- SPERM NOT EJACULATED ENTER BLOODSTREAM WHERE ANTIBODIES ARE PRODUCED CAUSING:
 - THYROID AND JOINT DISORDERS
 - HEART AND CIRCULATORY DISEASES
 - DIABETES
- PSYCHOLOGICAL EFFECTS
 - ANXIETY
 - LOSS OF SELF-ESTEEM

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CONTRACEPTIVE INJECTIONS

DEFINITION:

INJECTIONS OF DEPO-PROVERA (MEDROXY-PROGESTERONE ACETATE), GIVEN EVERY 3 - 6 MONTHS, PREVENT PREGNANCY BY ALTERING THE NORMAL GROWTH OF THE ENDOMETRIUM AS WELL AS INHIBITING OVULATION.

POTENTIAL SIDE EFFECTS:

- MAJOR DISTURBANCES OF MENSTRUAL PATTERN
- PROLONGED AND UNPREDICTABLE DELAY IN RETURN TO FERTILITY
- MILD DETERIORATION OF CARBOHYDRATE TOLERANCE
- SEVERE AND PROLONGED BLEEDING
- DECREASE IN BREASTMILK PRODUCTION
- DEPRESSION AND REDUCTION IN LIBIDO
- DANGER TO THE FETUS IN THE EVENT OF PREGNANCY

SOME WOMEN, ESPECIALLY THOSE BREASTFEEDING, ARE ALREADY PREGNANT WHEN THEY RECEIVE THEIR FIRST INJECTION. THEY MAY RECEIVE A SECOND INJECTION WITHOUT REALIZING THEY ARE PREGNANT. DRUGS OF THIS TYPE ARE KNOWN TO BE ASSOCIATED WITH FETAL ABNORMALITIES, MAINLY SOME MASCULINIZING EFFECTS IN FEMALES.

POTENTIAL SIDE EFFECTS - CONTINUED:

MANY DEVELOPING COUNTRIES HAVE PERMITTED THE USE OF DEPO-PROVERA FOR POPULATION CONTROL. IT HAS NEVER BEEN APPROVED FOR CONTRACEPTIVE USE IN THE U.S.A. BECAUSE TESTS IN THE U.S.A. ON BEAGLE BITCHES HAVE SHOWN THEY HAVE A TENDENCY TO DEVELOP BOTH BENIGN AND MALIGNANT BREAST LUMPS WHEN ADMINISTERED THE DRUG. THERE IS ALSO A SUSPICION IT MAY CAUSE CERVICAL CANCER IN WOMEN. USE OF DEPO-PROVERA IN DEVELOPING COUNTRIES HAS BEEN ENCOURAGED BY INTERNATIONAL AGENCIES WHOSE FUNDS ARE SUPPLIED, USUALLY INDIRECTLY BY USAID, WHICH OFFERS AID TO DEVELOPING COUNTRIES WHICH ACCEPT A POLICY OF POPULATION CONTROL.

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I N D U C E D
A B O R T I O N

DEFINITION:

THE PREMEDITATED KILLING OF AN UNBORN BABY IN THE MOTHER'S WOMB DURING
THE PERIOD OF GESTATION BY ARTIFICIALLY INDUCING THE EXPULSION OF THE
BABY SO THAT IT DOES NOT SURVIVE.

IMMEDIATE COMPLICATIONS:

- A) EARLY ABORTION: SUCTION, D&C:
- LACERATION OF CERVIX
 - HEMORRHAGE
 - PERFORATED UTERUS
 - LACERATION OF URINARY BLADDER AND URETERS
 - AIR EMBOLISM
 - LACERATION OF BOWEL
 - SHOCK
 - ANESTHESIA REACTIONS: CARDIAC ARREST, BRONCHIAL OBSTRUCTION,
ANAPHALACTIC SHOCK

IMMEDIATE COMPLICATIONS - CONTINUED:

- TRANSFUSION REACTIONS
- LAPAROTOMY
- HYSTERECTOMY
- RETAINED TISSUE
- DEATH

B) LATE ABORTION: SALINE:

- TRANSPLACENTAL HEMORRHAGE
- ANESTHESIA REACTIONS
- HYPERNATREMIA
- EDEMA OF BRAIN
- CONVULSIONS

IMMEDIATE COMPLICATIONS - CONTINUED:

- COMA
- KIDNEY FAILURE
- HEART FAILURE
- FAILURE TO ABORT AFTER DEATH OF BABY
- BABY BORN ALIVE: BADLY BURNED
- C) LATE ABORTION: HYSTEROTOMY:
 - ALL BABIES BORN ALIVE
 - HEMORRHAGE
 - TRANSFUSION REACTIONS
 - ANESTHESIA COMPLICATIONS
 - HYSTERECTOMY
 - HIGH MORTALITY RATE

DELAYED COMPLICATIONS:

- RETAINED TISSUE
- CONTINUED BLEEDING
- SEPTICEMIA
- PELVIC INFLAMMATORY DISEASE
- PERITONITIS
- RE-ADMISSION FOR FURTHER SURGERY
- BLOOD DYSCRASIAS: AFIBRINOGENANEMIA (FAILURE OF BLOOD TO CLOT)
- FETAL HOMOGRAFTS (MASS OF FETAL TISSUE IN PELVIS)
- LUNG ABSCESS (ASPIRATION OF VOMITUS DURING ANESTHESIA)
- DEEP VEIN THROMBOSIS
- DEATH

EFFECTS ON LATER PREGNANCY:

- STERILITY
- SPONTANEOUS MISCARRIAGE - 50 PERCENT INCREASE
- ECTOPIC PREGNANCY - 200 PERCENT INCREASE
- MENTAL RETARDATION - 40 PERCENT INCREASE
- PROLONGED LABOR
- RUPTURE OF UTERINE SCAR (POST HYSTEROTOMY)
- DEVELOPMENT OF Rh ANTIBODIES IN Rh NEGATIVE MOTHER
- CERVICAL INCOMPETENCE (AFTER EARLY ABORTIONS)

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SEXUALLY TRANSMITTED DISEASES

THERE ARE SEXUALLY TRANSMITTED DISEASES TO ADOLESCENTS WHICH
CAN BE TERRIBLY DESTRUCTIVE TO TEENAGERS.

DEFINITION:

CANCER OF THE CERVIX IS THE FIRST OF THESE SEXUALLY TRANSMITTED DISEASES. SOMEHOW THE CELLS IN THE TRANSFORMATION ZONE BETWEEN ADOLESCENT GIRL'S ENDOCERVICAL AND ECTOCERVICAL CELLS ALLOW SPERM HEAD TO PENETRATE. SOMETHING IN THE SPERM OR SEMINAL FLUID CAUSES DYSPLASIA OF THE CERVIX. AUTOPSIES ON THOUSANDS OF NUNS WERE DONE WITHOUT FINDING ONE WHO DIES OF CANCER OF THE CERVIX. WOMEN IN INDIA WHO MARRIED ABOUT THREE YEARS EARLIER THAN WOMEN IN THE UNITED STATES, DEVELOPED CANCER OF THE CERVIX AN AVERAGE OF THREE YEARS EARLIER. IT ALL SEEMS TO DEPEND UPON HOW EARLY FIRST INTERCOURSE TAKES PLACE AND UPON HOW MANY SEXUAL PARTNERS A TEENAGER HAS. THERE IS AN INTERVAL PHASE USUALLY LASTING SEVERAL YEARS. THEN THERE IS AN AS YET UNKNOWN STIMULANT, PERHAPS A HERPES VIRUS OR SOMETHING LIKE IT WHICH CAUSES DYSPLASIA TO BECOME MALIGNANT AND SPREAD THROUGHOUT THE BODY. THE MOST CERTAIN WAY TO AVOID THE DISEASE IS TO DELAY FIRST INTERCOURSE UNTIL AFTER THE T-ZONE HAS DEVELOPED ENOUGH MATURITY TO RESIST THE FACTOR THAT ENTERS WITH SEMINAL FLUID.

SYPHILIS IS A SECOND SEXUALLY TRANSMITTED DISEASE. IT STARTS AS A GENITAL LESION THAT ISN'T SORE. IT HAS A SECOND STAGE THAT CAUSES A SKIN RASH AND A THIRD STAGE WHICH ENTERS THE BLOOD, THE BRAIN AND ANY OTHER ORGANS OF THE BODY.

GONORRHEA MAY START WITH A DISCHARGE BUT IT MAY HAVE NO SYMPTOM AT ALL. IT ENTERS THE FALLOPIAN TUBES OF A TEENAGER AND MAY CAUSE THEM TO BECOME RED, SWOLLEN AND TENDER. THE TUBES MAY FILL WITH PUS. TUBAL INFECTION IN A TEENAGER MAY TAKE AWAY HER ABILITY TO TRANSMIT LIFE TO THE NEXT GENERATION.

HERPES II IS DUE TO A VIRUS WHICH STARTS AS A PAINFUL BLISTER. THERE IS NO TREATMENT FOR IT. IT MAY RECUR OVER AND OVER AGAIN IN LIFE. IF IT IS PRESENT AT THE TIME OF DELIVERY, CESAREAN SECTION IS THE ONLY SAFE METHOD OF DELIVERY. IF THE BABY IS DELIVERED NORMALLY AND NATURALLY THE BABY MAY GET THE DISEASE AND DIE FROM IT.

SYPHILIS CAN CAUSE:

- INSANITY
- PARALYSIS
- BLINDNESS
- DEAFNESS
- HEART DISEASE
- DEATH

GONORRHEA CAN CAUSE:

- DAMAGE TO SEX PARTS IN MEN
- AND WOMEN
- STERILITY
- ARTHRITIS (CRIPPLING)
- BLINDNESS
- DEATH

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